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## \*BIBDATASHEET\*

CONFIRMATION NO. 9709

Bib Data Sheet

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/656,991 | FILING DATE<br>09/05/2003<br><br>RULE | CLASS<br>277 | GROUP ART UNIT<br>3676 | ATTORNEY<br>DOCKET NO.<br>G00358/US |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

## APPLICANTS

Shen-Ling Allen Wang, Northville, MI;

\*\* CONTINUING DATA \*\*\*\*\* *now*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *now*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/28/2003

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>MI | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>27 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and<br>Acknowledged                                   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Examiner's Signature _____ Initials _____                      |  |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Dual layer roll boot

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>876 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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